

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90118 003 ****55.00

20046518



05222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
04-3660872

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARO, MIGUEL A
801 ROBERT AVE.
LEHIGH ACRES, FL 33972

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MIGUEL A. CARO

05/19/06

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CARO, MIGUEL A
801 ROBERT AVE.
LEHIGH ACRES, FL 33972

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CARO, EDGARD H
1109 CALVIN AVENUE
LEHIGH ACRES, FL 33936

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/19/06 *239 3685014*